PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10313

CERTIFICATE OF DEATH

Reg. Dist. No. 254

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Katherine allew Bl	
	leek.
7. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. Date of Death. Naumber 23 19 47 at 9 P. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Oirth date of deceased (mo., day, yr.)	and that I last saw hea. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Santas transfer terrange American
9. Birthplaca (Town, county, and state)	Due to.
10. Usual occupation.	Due to.
11. Industry or business 12. Name	Dther conditions
14. Maiden name 7 Con Vuryines College 15. Birthplace Celebra - To de	(Include pregnancy within 3 months of desth) Major fiadings of operations.
15. Birthplace	
Address of Remodeles MA	Antopsy results
17	22. VIOLENCE: If death was due to external causes, fill to the following;
Cemetery or crematory	Where did injury occur?
Location Server S Carrier	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	Injured at water
Address Dear Tooler - Mil	23. SIGNATURE Welliam 6. have MD
19. Nov. 3.4: 19 47 William alledul	M. D. or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10314

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County QUEEN Runa County City or town
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Edward John Bower	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Monate d 6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DAT
8. AGE: Years Months Days tf tess than one day	Immediate cause of death DURATION I now many a laker, left byer 6 days
9. Birthplace	Due to
12. Name	Diher conditions Dr. Tex. io. Sc. (ero. 5.15., Generalized (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Mrs Katherine Bower	Autopsy results
Address Stevensuille, Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Villside Constends	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Location Colyn Parts 18. Funeral director Colyn A. Land	Where did injury occur?
Address Cherch Ifile Ind. 19. No. 3 O 1947 Elizabette Hoxter (Date ree'd by registrar) Registrar	23. SIGNATURE (L) illiam G. Farme, M.D. or other Address Discontinuo Date signed Mar 28, MY)



Reg.			2	-	-, /
Reg.	Dist.	No	0	5	4

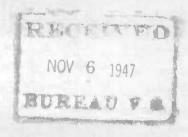
CERTIFICA	ATE OF DEATH Reg. Dist. No. 254
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Jehn Mayloree Chape 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
male Black married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2001 1- 1847 at 11-7
6.(b) Name of husband or wite Season 100 Name of husband or wite Season 110 Name of husband 110 Name of hu	
7. Birth date of deceased (mo., day, yr.) 7. 19. 6-1920	and that I last saw halive on
8. AGE: Years Months Days It less than one day 2.5	Immediate cases of death Shot in abdollon following the shock Oue to.
11. Industry or business 12. Name	··· Other conditions
14. Maiden name. Les Guttude / Sutte	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	Actopsy resolts PHYSICIAN: Please underline the cases to which death should be charged statistically.
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)
Location Grantscage - Nel 18. Funeral director Garaton Branch	Injured at home, farm, industry, public place (where?) Meene of injury Shot in abdomachjured at work?
Address Controvelle, ma	23. SIONATURE W. Hewry Fisher
19. (Date rec'd by registrar) 19. 47 Velen m. achief	Address entrovelle ml Date signed 1114-47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45.15M

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PLEASE



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1(1316) Reg. Diat. No. 253

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	rest town)	
3. (a) FULL NAME	3. (b) Social Security I	Number	
E. Tild C. 1	220-09-1		
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	3/6	
F c Morried	20. DATE DF DEATH November 12 18 47	at 2:55 P. M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea		
7. Birth date of	and that I last saw here alive on November		
deceased (mo., day, yr.)	Immediate cause of death.	DURATION	
8. AGE: Years Modilis Days If lens than one day 7 5	Cerebral Homoryhage	5 das	
9. Birthplace	Due to Hypertensian	Un Kmaren	
10. Usual occupation Oyster Shaster		*****************	
	Due to	******	
11. Industry or business 12. Name Richard Tilghman	Other conditions	***************************************	
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Malden name Margarat (Un Known) 15. Birthplace	(Include pregnancy within 3 months of death) Major fieldings of operations	•••••	
El 15. Birthplace	Date of op		
16. Informant Nehemiah E Cornish	Aotopsy results		
Address Repal Chester Md.	PHYSICIAN: Please onderline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Cambridge Md.	Where did injury occur?(City or town) (County)	(State)	
Location	Injured et home, farm, Industry, public place (where?)		
(, h/ 1/2	Meens of injury Injured at work?		
18. Funeral director	N. O.X		
Address 310 Soully It. Eastow may	23. SIGNATURE Wellin C. home	MD	
19 /WV-16 19 47 Chalutte Hoste	M. D. o	11-12-47	

NOV 20 1917

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

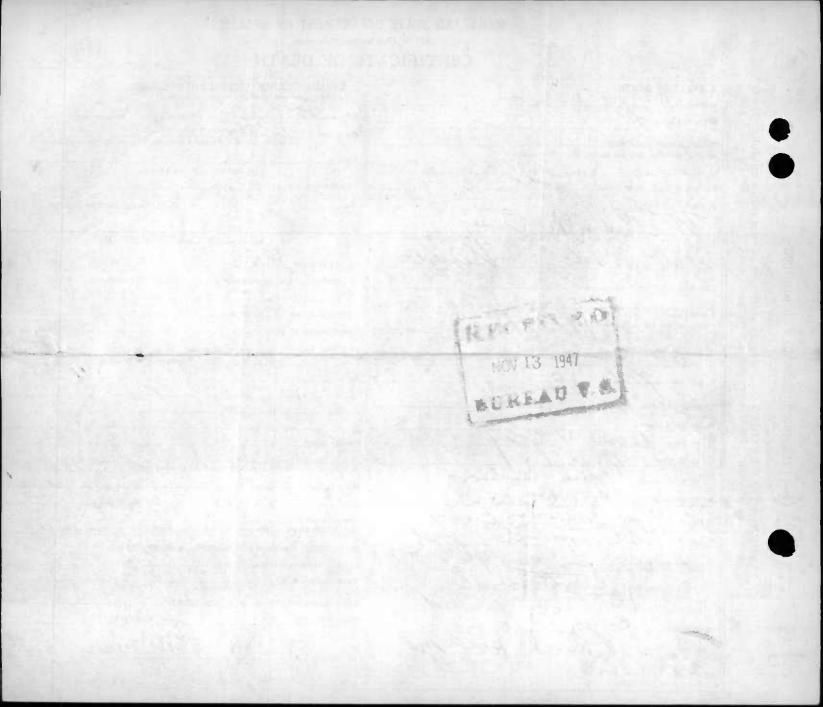
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10312/3

CERTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
William R. Cray	3. (b) Social Security Number
1. SEX 5. Color or rage 6.(a) Single, married bytowed, or divorced Lingle	MEDICAL CERAMFICATION 20. DATE DE DEATH MVV. 4 19 47 at 2 6 M
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on Originate above stated; that half-ended deceased from
7. Birth date of deceased (mo., day, yr.) Sept 7-1880	and that I last saw h 201/2 on 19 47.
8. AGE: Years Months Days It less than one day	immediate cause of death.
6 /hrsmln.	Coronary occurrence
9. Sirihplace (Town, county, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malven name. Dyora Dicheor 15. Birthplace Calvery. Co.	Major findings of operations. Date of op.
18. Interment Tung Calferre Givery	Antopsy results
Address Surval Bate thereof Mr. 6-47	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal Which!) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	(City or town) (County) (State)
Location Control of the Control of t	Means of Injury Injured at work?
Address Phurch Hell Ma	Theolor Suttolyming Up D
1) 7 The Total State of the Sta	23. SIGNATURE M.D. or other Address Shulls mile Date stends 11 647
(Date rec a ny registrar)	II AUUTESS



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Classer (Rural)	State Maryland County Order ause's		
(If outside city or town limits, write RURAL and give nearest town)	1		
Now lung in above place of death?	(1f ontside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Madeline Hel	roah Hovoris 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
fluile white widowed	20. DATE OF DEATH Movelules 27 1947 12 5 P. M.		
6.(b) Name of husband or wife Almes Hugh Havis	21. ICERTIFY the death occurred on the date above stated; that I attended deseased from		
7. Birth date of	and that I last saw hCM allve on Mureculer 26 19.47		
deceased (mo., day, yr.) Nec 2-1348	Immediate cause of death Oyration		
8. AGE: Years Months Days If less than one day	1 2/22.1		
79hrsmin.	Tuberenlois of titings Que		
9. Birthplace Fueln ame Co	Bue 16		
(Town, county, and state)	Kelling following 1027		
10. Usual occupation	Que to Juliudis a		
11. Industry or business House Wife			
	Mutal regurgitation 1942		
12. Name Ulland J. J. Sirthplace	Other Conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Amanda Dayy 15. Birthplace Will	Major findings of operations		
≥ 15. Birthplace My	Oate of op.		
16. Informant Imp Crown Lewes	Antopsy results		
Address Love Point Mill.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Bernel 20 - 20-47	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory p. Allumulle	Where did injury occur?		
Mand - Ile 2 d	(City or town) (County) (State)		
Location	Means of injury Injured at work?		
18. Funeral director 1901 A Come	θ θ θ θ		
Address Church feel forth	22 CLONATURE Theodor Sallelliaies 4.1.		
Mon 30 47 Clarabethe Hall	M. D. of other		
(Date rec'd by registrar) Registrar	Address Stelles nile Date signed W. 27. 1947		

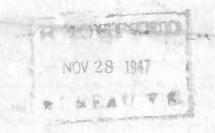


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10320 Reg. Diat. No. 2, 52

Description County Count		
County Creament Committed Authority Creament County Creament C	1. PLACE OF DEATH:	
City or team. Mile consider eithy or form limits, write KUSAL and give nearest town) How line in above place of death? Hospital, leatithion, or steel address where death occurred: Street No	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(For newborn infants give residence of mother)
Now long in above place of death? Now long in above place of death? Now long in haspital or intellution? 3. (a) Full I Name 4. 551 5. Color or race 5. Color or race 5. Color or race 6. (a) Bight, married, widowed, or divoced 7. Bith data of decade (ma, day, ry) 7. Bith data of decade (ma, day, ry) 8. ACE: Trait 8. ACE: Trait 8. Months 9. Days 11 lifes han one day 12 l. I Settly has death occurred on the date above stated; that is attoged decased from the date above	The Contractor //	State County County
Street No	(if outside city or town limits, write RURAL and give nearest town)	
Street Mo. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. See S. Color or race S. (c) Single, married, widewed, or divorced Security to Number Security Of Security Number Sec	How long in above place of death?	(If outside of or town limits, write RURAL and give nesrest town)
Row long in hospital or institution? 3. (a) EULI NAME 3. (b) Social Security Number Thomas 4. Say 5. Color or race 6. (c) Singit, married, videwed, or divered The security Number The securit	Hospital, Institution, or street address where death occurred:	Street No - P1. F J. 3 736 135
3. (a) FULL NAME 3. (b) Social Security Number 4. 523 5. Color or race 5. Color or race 5. Color of race 6. Color of race 6. Color of race 7. Burk date of deceased (no. dor. yr.) 8. Color of race 8. AGE: Very Membre 9. Burkplace 9. Burkplace 9. Burkplace 10. Usual occupation 11. Industry or business 11. Burkplace 12. Name 13. Burkplace 14. Maiden name 15. Burkplace 16. Informant 16. Informant 17. Burkplace 18. Address 18. Address 19. Maiden name 19. Maiden name 19. Maiden name 10. Usual occupation 11. Burkplace 11. Burkplace 12. Name 13. Burkplace 14. Maiden name 15. Burkplace 16. Informant 17. Burkplace 18. Address 19. Maiden name 18. Maiden name 19. Maiden name 19. Maiden name 10. Ma		
3. (a) FULL NAME 3. (b) Social Security Number 4. 523 5. Color or race 5. Color or race 5. Color of race 6. Color of race 6. Color of race 7. Burk date of deceased (no. dor. yr.) 8. Color of race 8. AGE: Very Membre 9. Burkplace 9. Burkplace 9. Burkplace 10. Usual occupation 11. Industry or business 11. Burkplace 12. Name 13. Burkplace 14. Maiden name 15. Burkplace 16. Informant 16. Informant 17. Burkplace 18. Address 18. Address 19. Maiden name 19. Maiden name 19. Maiden name 10. Usual occupation 11. Burkplace 11. Burkplace 12. Name 13. Burkplace 14. Maiden name 15. Burkplace 16. Informant 17. Burkplace 18. Address 19. Maiden name 18. Maiden name 19. Maiden name 19. Maiden name 10. Ma	New Jose la hamital as institution?	2.(a) If veteran, name war.
8. Coll aller, give age of decased one, day, yr.) 8. AGE: Vasar Menths 9. Birthplace 10. Unual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maden name 15. Birthplace 16. Birthplace 17. Birthplace 18. Birthplace 19. Singlified and name 19.		001
8. (b) Name of hurband or wife 5. (c) Hame of hurband or wife 10. Birth date of deceased (one, day, yr.) 8. AGE: Years Months 10. Usual occupation 11. Industry or buttness 12. I Rame of hurband or wife 12. I Rame of hurband or wife 13. Birthplace 14. Maiden name 15. Compromity, and date() 15. Informant 16. Informant 17. Birthplace 18. Informant 18. Informant 18. Informant 18. Informant 18. Informant 19. Informant 19. Informant 11. Industry or relargest 12. Name of hurband or wife 13. Birthplace 14. Maiden name 15. Informant 16. Informant 17. December or relargest 18. Informant 19. Info	3. (a) FULL NAME	
S. (d) Name of husband or wife	James Id. Weller De	
8. (d) Name of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8.(d) Name of husband or wife	Mi Manuel	20. DATE OF DEATH NOW 13. 19 47 ,535 A.
S. (c) If alive, give age	100 694 10	
Serit date of deceased (no., day, yr.) Serit date of deceased (no., day, y	6.(b) Name of husband or wife	
deceased (mo., day, ry.) 8. AGE: Years Months Days If less than one day Description	6.(c) If alive, give age	19.7.7
deceased (mo., day, ry.) 8. AGE: Years Months Days If less than one day Description	7. Birth date of 187/	and that I last saw halive on
S. Birthplace 10. Usual occupation 11. Industry or business 12. Name	deceased (mo., day, yr.)	Immediate cause of death
S. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 12. Name (County) (Town, county) (Include pregnancy within 3 months of death) 13. Birthplace (County) (Include pregnancy within 3 months of death) 14. Maiden name (County) (Include pregnancy within 3 months of death) 15. Birthplace (County) (Include pregnancy within 3 months of death) 16. Informant (County) (Include pregnancy within 3 months of death) 17. Burnell (County) (Include pregnancy within 3 months of death) 18. Informant (County) (Include pregnancy within 3 months of death) 19. Autopay results (Include pregnancy within 3 months of death) 19. Autopay results (Include pregnancy within 3 months of death) 19. Autopay results (Include pregnancy within 3 months of death) 19. Autopay results (Include pregnancy within 3 months of death) 11. Industry results (Include pregnancy within 3 months of death) 12. VIOLENCE: If death was due to external causes, fill in the following; (County) (State) 19. VIOLENCE: If death was due to external causes, fill in the following; (County) (County) (State) 19. United at home, farm, Industry, public place (where?) 19. Manns of injury (County) (Injured at work? 19. Address (County) (County) (State) 19. Address (County) (County) (State) 20. State) (County) (Coun	8. AGE: Years Months Days If less than one day	
Due to	76 12nrsmin.	Cherous Interstitude replication
Due to	11 00	with Heart Couldre ten
Due to 11. Industry or business 12. Mame.	8. Birthplace (Town county and state)	Due to.
11. Industry or business 12. Name		
Dither conditions 12. Name	1D. Usual occupation	Due to
Dither conditions 12. Name	11. Industry or business	
14. Maiden name 15. Birthplace 16. Informant 16. Infor		Bitos conditions
14. Maiden name 15. Birthplace 16. Informant 16. Infor	E 12. Name	Direct conditions
14. Maiden name		(Include pregnancy within 3 months of death)
Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	14 Maiden name to sky the Willer	
Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	5	
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	El 15. Birthplace fleeque	Date of op.
Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	16 Informant of Me in I miller	Autopay results.
17. (Burial, cremation, or rewoyal. Which?) Cemetery or crematory Location 18. Funeral director Address 3/O South State Color West Color of the	2000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Date thereof (manth) (day) (year) Cemetery or crematory (City or town) (County) (State) Location (Location (Locati	Address Marglet Rell	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory Location Location 18. Funeral director Address 3/0 South St. Estop Wd. Address 3/0 South St. Estop Wd. 23. SIGNATURE 23. SIGNATURE Means of injury My D. or other	17 Burial of Date thereof 11/15-47	
Location 18. Funeral director Address 3/0 South St. Eastop Wd. Address 3/0 South St. Eastop Wd. 23. SIGNATURE 24. Or other M. D. or other M. D. or other	(Burial, cremation, or removal. Which?) (minth) (day) (year)	
Location 18. Funeral director Address 3/0 South St. Eastop Wd. Address 3/0 South St. Eastop Wd. 23. SIGNATURE 24. Or other M. D. or other M. D. or other	Cemetery or crematory Central Marie Marie	Where did injury occur?
18. Funeral director South St. Entops Wd. Address 3/0 South St. Entops Wd. 23. SIGNATURE 23. SIGNATURE 24. Means of injury Injured at work? Means of injury Injured at work? M. D. or other M. D. or other M. D. or other	Messama Co.	
18. Funeral director de la sector de la sect	Location Cy	
Address 3/0 South St Estate Wd. 23. SIGNATURE. W. Teccony Fraker M. D. or other M. D. or other	18 Funeral director Seen M. Heury	Means of injury finited at work?
11-14- 147 Elie armetrone Cartagarde hit M. D. or other	210 1 THE THE THE	10 Jolan 7,
11-14- 147 Chie armerous Cartisonale his M. D. or other	Address 3/ South of Castella War	23. SIGNATURE V TELLETY V notres
(Date rec'd by registrar) Registrar Address Bate signed	11-14- 117 EP: 12mals Aus	M. D. or other
	(Date rec'd by registrsr) Registrar	Address Date signed // 44/



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2411 N. Charles St., Baltimore

4800

10319

CERTIFICATE OF DEATH

3. (a) FULL NAME See & Leave Marrie 1

(If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DEATH:

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

County.....

3. (b) Social Security Number

	Sarak	Ares	-0 //4	Wille
Fewele	5. Color or race	1	rried, widowed, or di	
5.(6) Name of husband	1000	élain	ner	ri
7. Birth date of deceased (mo., day, y	, aug 19		95	years
8. AGE: Years	2 Months	Days 13	t less than one day	min.
9. Birlhpiace	Borelus (Town, o	county, and state	- m	2
1D. Usual occupation	Have	ney	<u></u>	•••••••
11. Industry or business	· A	-2-		
12. Name	Marga	10 24	L Ken	
13. Birthpiace	— () × ×	10 44		0-4
14. Maiden name 15. Birthplace	2 4 4 4	K		
🗷 15. Birthplace 🧷	Museul	den .	- //	
1B. Informant	Care	7 m	arri	
Address	beut	will	e.n	Ч,
(Bnrial, cremation,	or removal Which?)	Date thereof	(month) (day	0/4_7) (year)
Cemetery or cremator	, Clarler	feel	Gung.	ig
Location	rentres	iele,		
1B. Funeral director	Jack	751	\$	
Address	cutron	Dee.	mil	
19 11-2	9-1947	Elsi	a Olem	etron

	MEDIC	AL CERI	IFICATIO	ON	2.0
O. DATE OF DEATH	Hor	27	1	947 at	1-7
21. I CERTIFY that dea	th occurred on the	e date above str	ated; that I atte	nded deceases	f from
may 15	,	19. 47	to 70	0028	19.7
and that I last saw h.	A. alive on	no	, 21	·	19.4
Immediate cause of d					
	-	y			
Blu	ulyed	Care	ag 200 - 600		3 no
Due to	******	***************************************			
Core	enor i		7 Cerx	es.	9 mo
Due to					*************
	***************************************	•••••			0
ther conditions			•••••••		**************
	• • • • • • • • • • • • • • • • • • • •				
	ude pregnancy v				
Major findings of ope	rations Co	2 ex com		7 0	wy
Tr a	7-7	•••••	Date of	ор. Ж	1.18, 1.
Autopsy results	A. S. T. T.		***************************************		
PHYSICIAN: Please	anderline the cas	use to which d	leath should be	charged stat	istically.
2. VIOLENCE: If de	ath was due to ex	ternal causes, f	ill in the following	ng;	
accident, sulcide, or h	omicide		Date	of	**********
Where did injury occur	?(City o	r town)	(County)	(S	tate)
njured at home, farm,					
Weens of Injury			injured at w		
modula of finjury	PA) for	2	

M. D. or other

VS A15

WRITE

PLEASE



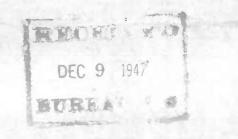
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	108, 101 minimum
1. PLACE OF DEATH: Q	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
12,12,111.	State Ond County Granden County
(If outside city or town limits, write RUKAL and give nearest town)	City or town Sudderstille
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph arthur Stafford	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 VY hidany	20. DATE OF DEATH 7.30 A M
6.(b) Name of husband or wife Lyclia ansas Staffing	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) If alive, give age	19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	and that I last saw harmaalive on
deceased (mo., day, yr.) Mauly 14 /853 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
97 8 3 hrs. min.	i Stalldelig
72 000	O Dallaura
9. Birthplace	Due to good Add Add Mills
18. Usual occupation lightly topic	
11. Industry or business Relievel	Due to
	Dither conditions
12. Name folia Staffand 13. Birthplace 9 Q Q	
	(Include pregnancy within 8 months of death)
14. Malden came Harriett Volali	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant 42 Take I take Of the S	Antopsy results
Address 59 your Car Vering U.S.	22. VIOLENCE: if death was due to external causes, fill in the following:
Burial, eremation, or removal, Which?) Bate thereof MAT 20 -7794 (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Suddennille	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Sudlersville shee	Injured at home, farm, industry, public place (where?)
18. Funeral director Edgar d. dare	Means of Injury Injured at work?
Address Church Ttill md.	23. SIGNATURE DA Ufitcalf
nov. 20 . 47 Edgard. have	M. D. or other
(Date rec'd by registrar)	Address Fred Per all Trul Bate signed 1/20/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15



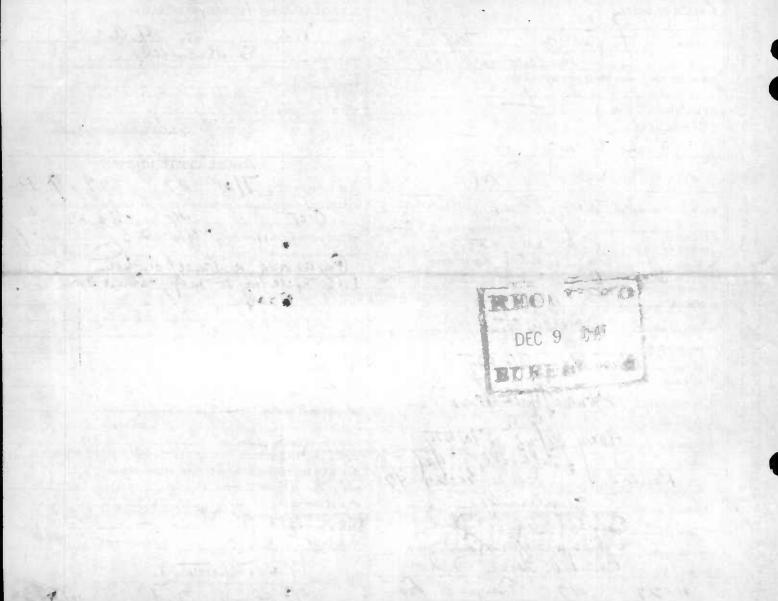
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

460

103251 Reg. Diat. No. 251

	the state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	h. A 0 1.
City or town (If outside city or town limits, write RUKAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, iostitution, or street address where death occurred:	
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Church Yarman , Clarky STA	RKey
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W M	20. DATE OF DEATH. 71 W 23 19 47 at P P M
6.(b) Hame of husband or wife Wary Edna Sturbey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 3 2 years	19 77, 10 19 25 19
7. Birth date of deceased (mo., day, yr.) 0 2 24 1884	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
63 P 29hrs. min.	Curantal and wall of the control
y hada	usly ufilesting to made turn theren
9. Birthplace	Bue to. 200 Applica
10. Usual occupation Consentis	
11. Industry or business	Due to
	Dither conditions.
12. Name Clumb W Patry 13. Birthplace Q Q Y	
	(include pregnancy within 3 months of death)
14. Maiden name Schna Thubuleon 15. Birthplace	Major findings of operations
	Date of op.
16. Informant They Estua Teway	Autopsy results
Address Lieftwelle Hul	PHYSICIAN: Please underline the cause to which death should be charged statistically.
11-29-47	22. VIOLENCE: If death was due to exteroal causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematorySustlersville.	Where did injury occur?
Jocation Sudersville Ind	Injured at home, farm, Industry, public place (where?)
Ed. (Means of Injury Injured at work?
18. Funeral director.	
Address Childeh Hell Ind	an elevering (N / Ufilcille
11-27 49 Edgard. Some	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Judurely my Date signed 1/27/47



2411 N. Charles St., Baltimore

10323

CERTIFICATE OF DEATH

as Diet No 25%.

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbody infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
Sarah taulo	none	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
J. C. married	20. DATE OF DEATH. 747 21 3 9 M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
deceased (mo., day, yr.) WWW 2000000000000000000000000000000000	Immediate cause of death	
About 75mln.	Quity bulling Wilalahu	
9. Birthplace (Town county, and state) 10. Usual occupation.	Due to Change My product	
11. Industry or business		
12. Name 15 Manue 15	Dther conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name Talisas Jones 15. Birthplace Lightness	Major findings of operations.	
	- Date of op.	
16. Informant	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Halforsvelle May 27 1411	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
(Burial, cremation, or removal. Whith?)	Accident, suicide, or homicide	
Cemetery or crematory, 136 Miles Communication of the Communication of t	Where did Injury occur? (City or town) (County) (State)	
Location May 1 May	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Collinary Jack South	Means of Injury Injured at work?	
Address Millington Mil.	- Willearly	
19. 11 - 2 6 1947 Elgo A. A. Registrar) (Date red d by registrar) Registrar	23. SIGNATURE M. D. or other Address Energy Date signed 11/20/47	



Surgery Charles

* T. V.

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

10324

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County	State Maryland County Lever Cenne	
City or town(If outside city or town limits, write RURAL and give negrest town)	Chester	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Charal Na	
	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Cugue Showp	214-20-4942	
4. Sex 5. Color or rive 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
moles politic socioned	20, DATE OF DEATH Movember 15 19 47 21 1 M	
24		
6.(6) Name of husband or wife	21. I DEBUFY that death occurred on the date above stated; that gliended deceased from 19 4 7	
7. Birth date of	and that I tast saw h um alive on hovelules 14 th 1847	
deceased (mo., day, yr.) Carrie 6 - 1871		
8. AGE: Years Months Days If less than one day	Immediate cause of death	
7/ 7/ 0	A Service	
hrsmin.	Willis alloss (glieral) jess	
Pluta 2 a.C. Manford	Schoon of Coronay arterio's about	
9. Sirthplace. (Town, county, and state)	1 al della stine & Hat	
Water	myscardiac arguardian Jus	
10. Usual occupation	Distriction regueration	
11. Industry or business	cerebral Huombosio	
KI Walanda Manufami	1947.	
12. Name	Other conditions	
13. Birthplace Kut Stand 24 Co	(Include pregnancy within 3 months of death)	
14. Maiden name	Major fiadings of operations.	
15. Birtholace Went Island Ole C Red		
10 1	Date of op.	
16. Informant	Autopsy results.	
Address Tellerlow. Mary Jane	PHYSICIAN: Please underline the caose to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
	, p. 1, - 4,	
(Burial, cremstion, or removal, Which?) (month) (day) (year)		
Cemetery or crematory.	Where did injury occur?	
Sterensell. Mourtand	Injured at home, farm, Industry, public place (where?)	
Location		
18. Funeral director	Means of injury tnjured at work?	
Address Centrolli, May land	Theolor Sattelliones Mr. 1)	
20 17 No 500: 1-482/11	23. SIGNATURE M. D. or other	
(Date ree'd by registrar) 19 M. Registrar	Address Alveus will Bate signed Mrv. (5.4)	



The co

ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly.

WITH UNF important.

PLEASE WRITE PLAINLY, is especially

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT

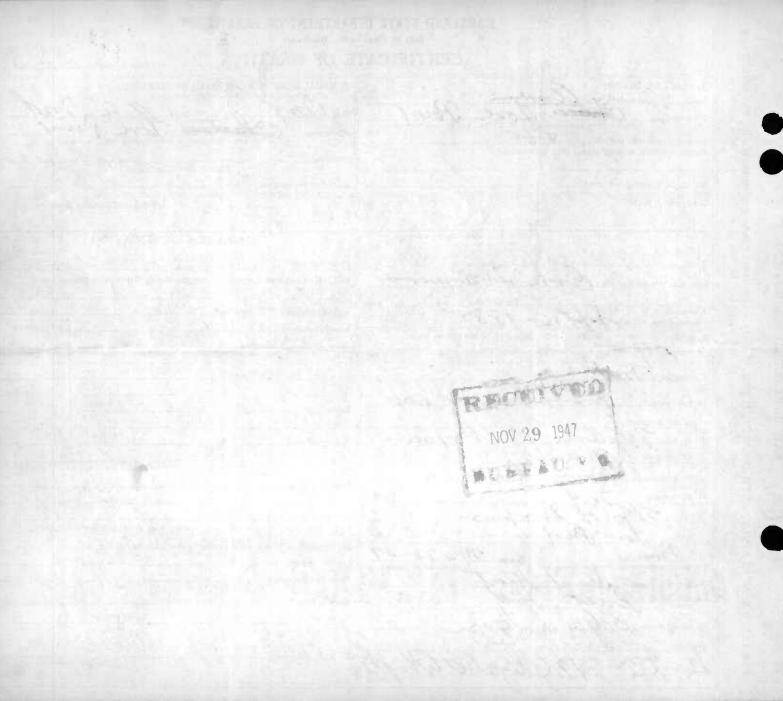
Vegistrar Address & Lla Mus

E OF DEATH	Reg. Dist. No.	
2. USUAL RESIDENCE (HOME) OF (For newborn infarts give residence of n State Coun City or town (if outside city or town limits,	pother)	4
Streef No(If rural, give I	OCATION)	
A(a) If veteran, eame war		
longson	3. (b) Social Security Number	
20. DATE OF BEATH WOULD	RTIFICATION (4) 22 19 47 10 9	J
21. I SEBTIFY that death accurred on the date above	e stated; that I affended deceased from to, to	7
Immediate cause of death two	whose Roy 2	2
Bue to annular fr Gyven frai de Due propose and de	onlation about one you plus along the selection of the se	9
Other conditions	Jenes	
(Include pregnancy within 8 m	onths of death)	_
Major findings of operations		
	Oafe of op	
Antopsy results	***************************************	
22. VIOLENCE: If death was due to external caus	es, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County) (State)	****
Injured of home, farm, Industry, public place (who	ere?)	
Means of injury	/Injured et work?	

for Sattelusies,

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, lostitution, or streef address where death occurred: How long in hospital or institution?..... 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 4. Sex S.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.). Days Years If less than one day 8. AGE:hrs. 9. Birthplace..... 10. Usual occupation... 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name Address Oate thereof (month) (day) (year) (Burial, eremation, or removal. Which?) Cemetery or crematory. Location . 18. Funeral director

VS A15



VS A15

1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HISHAL DESIDENCE (HOME) OF DECEASED.

10320 Reg. Dist. No. 254

County Queen Anne	(For newborn infants give residence of mother)
	State Maryland County Queen Rane
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	5. (0) Social Security Number
Jomes Ihomas Usilton	
4. Sex 5, Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE DE DEATH / November 17 19 47 at 5 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 6.2 years	June 19.46, to No weathers 49
7. Birth date of	and thet I last saw h.e.maalive oo
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Add.	Corenory Thrembasis I day
75 1 16hrsmin.	
9. Birthplace (Town, county, and state)	Duo to Anterio Scleratio Cardiovasculor
	Discuse Suns
10. Usual occupation	Due to.
11. Industry or business Overter and Fish	
= 12. Name Joines Nonsien Usilten	
	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Emily Clansahan 15. Birthplace Certfreyille, Md.	
15. Birthplace Centreville, Md.	Major findings of operations.
	Date of op.
16. Informant Alex. Margaret Incland	Autopsy results.
Address Overstown Md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
N 20-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burfal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Court follows	Where did injury occur?
0 1- 1-1	
Location Constitution The State of the Constitution of the Constit	Injured at home, farm, Industry, public place (where?)
18. Funeral director Edga L dave	Maans of injury Injured at work?
do e una cond	107.
Address Church Hell, Med	23. SIGNATURE Of selian G - have mo
10 11 - 18 - 10 4/ Selen M. aldridge	M. D. or other
(Date rec'd by registrar) Registrar	Address Data signed 11-17-47



MARGIN RESERVED FOR BINDING

To be filed in November. Origin cert. in July deaths. MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

no. o Punched -

Reg. Dist. No.

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) OUEEN ANNE			
		City or town (If outside city or town limits, write RUR	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or s	treet address where	ieath occurred	:	Street No	
				(If rural, give LOCATION)
How long in hospital or i	nstitution?		***************************************	2.(a) It veteran, name war	
3. (a) FULL NAME				3. (b) S	ocial Security Number
	JAMES .	ARTHUR	WILLIAMS	N	IONE
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	Body found MEDICAL CERTIFIC	CATION
MALE	COLORED		MARRIED	2D, DATE DF DEATH NOV.	19. 47 at
6.(b) Name of husband or	wife LOUI	SE JOH	NSON	21. I CERTIFY that death occurred on the date above stated; th	nat I attended deceased from
				10 10	
7. Birth date of deceased (mo., day, yr.	MAY	13, 1	c) If alive, give ageyear 995	and that I last saw halive on	
8. AGE: Years	Months	Days	if less than one day	Immediate cause of death	DURATION
42			hrs min.	His bones were found in a f	ield on
9. Birthplace GRASONVILLE, MARYLAND (Town, county, and state) FARMER		Due to farm near Matepeake, Md. He has been missing since July 12, 1947, he			
1D. Usual occupation 11. Industry or business			LABORER	Due to was identified from clo	othing found at
至 12. Name	CHARD WILL RASONVILL			Diter conditions Death was probably	due to exposure
BESSIE WILSON 14. Maiden name. GRASONSVILLE, MD.		(Include pregnancy within 8 months of de	•••••••••••••••••••••••••••••••••••••••		
16. InformantPE	RCY WILL			Antopsy results	ould be charged statistically.
17. BURIAL (Burlal, cremation, Cemetery or crematory	or removal. Which?) GRASO1		eof 11/19/47 (month) (day) (year)	Where did injury occur?	Date of
Location	JEE SON ALT	III, MD.	•••••	Injured at home, tarm, industry, public place (where?)	***************************************
				Means of Injury inj	ured at work?
Address	CENTREVI	LLE. I	MD.	W. Henry Fisher	
			liz. Hopter	23 SIGNATURE	M. D. or other
(Date rec'd by regi	istrar)	******	Registra	Address	Date signed